# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# 730266

**Entity Name:** POLYNESIAN VILLAS CONDOMINIUMS, INC.

**Current Principal Place of Business:**

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

6944 NW 5TH STREET
PLANTATION, FL 33317 US

**Current Mailing Address:**

UNITED COMMUNITY MGMT CORP
11784 W SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

P. O. BOX 16146
PLANTATION, FL 33318 US

**FEI Number: 59-1654162** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MGT CORP
11784 W SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

SCHULKERS, CATHRYN S MRS.
6944 NW 5TH STREET
PLANTATION, FL 33317 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHRYN S. SCHULKERS 04/16/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: SCHULKERS, CATHY
Address: 6944 NW 5TH ST
City-St-Zip: PLANTATION, FL 33317

Title: DT ( ) Delete
Name: CURTIN, MELBA
Address: 450 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete
Name: NORMYLE, SHARON
Address: 475 NW 68 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: LOTZ, BARBARA
Address: 6849 N.W. 4TH CT
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: MEHRINGER, LUCILLE
Address: 454 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: WIGAND, DEBORAH MRS.
Address: 6816 NW 5 STREET
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MEHRINGER, LUCILLE
Address: 454 NW 70 AVE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHRYN S. SCHULKERS PRES 04/16/2009
Electronic Signature of Signing Officer or Director Date